

Case Number:	CM14-0203885		
Date Assigned:	12/16/2014	Date of Injury:	10/16/2012
Decision Date:	02/03/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 10/16/2012. Mechanism of injury was not documented. Patient has a diagnosis of sprain of leg, sprain of wrist, lumbosacral sprain, spinal stenosis, thoracic spine pain, internal derangement of knee, carpal tunnel syndrome and shoulder impingement. Medical reports reviewed. Last report available until 11/6/14. Patient complains of neck and low back pain. Neck cracking increasing. Has baseline hand pain. Objective exam reveals positive Tinel's and Phalen's signs bilaterally with decreased strength. Decreased sensation to bilateral median nerves. Hand surgeon reportedly recommended therapy prior to surgery. Patient has completed 8 prior occupational medicine therapy sessions. Independent Medical Review is for Physical Therapy 3 per week for 4 weeks (12 total) of bilateral hands and wrists. Prior Utilization Review on 11/12/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 3 x 4 for bilateral hands and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Physical therapy for wrist has poor efficacy but may be attempted as a trial to avoid surgery. For patient's diagnosis, MTUS guidelines do not recommend more than 8-10 physical therapy sessions. The requested number of sessions is excessive and exceeds recommendations. The requested Physical Therapy is not medically necessary.